

EXHIBIT F

McNeil Problem Solving Notice & Gunn Grievance Response

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CCA FACILITY EMPLOYEE PROBLEM SOLVING NOTICE

CONFIDENTIAL: THIS FORM IS TO BE MAINTAINED IN ACCORDANCE WITH POLICY 3-9, EMPLOYEE RECORDSFacility: McRae Correctional FacilityEmployee: Tim McNeal Title: Shift SupervisorName of Supervisor Initiating Problem Solving Notice: R. Troy CareyPolicy Violation: ☐ Yes ☒ No

If yes, policy Violated (Indicate Policy # and Title): _____

Date of Situation: 05-23-2010 Date of Notice: 6-14-10**Description of Situation:**

(To be completed electronically)

On 05-23-2010 facility vehicles were brought through the Rear Gate to Back Dock to be washed. Adequate staffing was not assigned to the posts of Rear Gate and Back Dock when processing the facility vehicles into the facility. One staff member was performing the duty of both the Rear Gate and the Back Dock posts.

During an interview regarding this incident you stated that you were aware of the practice violation. Although you were attempting to complete a task assigned you did not have the appropriate staff to perform the task resulting in this violation.

As discussed during your interview if a situation occurs where you do not have the appropriate staff to perform a task without violation policy or procedures contact your supervisor and inform them of your needs to complete the task within the guidelines of policy and procedures.

Corrective Action Recommended: ☒ Yes ☐ No

If yes:

☒ Written Reprimand ☐ Re-Assignment ☐ Suspension ☐ Demotion ☐ Termination☐ Other _____

Supervisor's Signature

Assistant Chief of Security
Title05-28-2010
Date

AT FACILITY LEVEL - SECTION BELOW TO BE COMPLETED BY WARDEN/ADMINISTRATOR
AT FSC LEVEL - SECTION BELOW TO BE COMPLETED BY APPLICABLE DEPARTMENT HEAD

Corrective Action Taken:☐ Written Reprimand☐ Re-Assignment (Indicate New Assignment) _____☒ Suspension (List Date(s) of Suspension) 3 Dts Suspension☐ Demotion (Indicate New Position) _____☐ Termination☐ Other _____

EMPLOYEES MAY GRIEVE THE ABOVE BY FOLLOWING PROCEDURES ESTABLISHED IN CCA POLICY 3-6, EMPLOYEE GRIEVANCE PROCEDURES. A COPY OF POLICY 3-6 WILL BE PROVIDED UPON REQUEST.

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W. Wells
Warden/Facility Administrator (Print/Type)
FSC Department Head

[Signature]
Warden/Facility Administrator Signature/
FSC Department Head

6-14-10
Date

TIM McNEAL
Employee Name (Print/Type)

[Signature]
Employee Signature
(Signature does not indicate agreement or disagreement
with the information contained on this document.
By signing, the employee is acknowledging receipt of this
Problem Solving Notice and his/her option to grieve such action.)

6-14-10
Date

100-443887-1000